



## MENTAL HEALTH UPDATE

### October 21, 2009

*Thank you to all who submitted ideas and suggestions for the banner section of the Update. We're currently reviewing what's been received and look forward to sharing these with you in upcoming issues. Keep reading!*

#### **Reduction in Force (RIF)**

Five positions within the Department of Mental Health, three positions at the Vermont State Hospital (VSH) and two positions at the DMH central office, have received informal Reduction in Force (RIF) notification at this time. RIF is a management determination that a reduction in personnel is necessary in order to meet operating needs, generally in response to lack of work, lack of funds, or “otherwise pursuant to management rights”. The positions effected operate the Canteen at VSH and work in Quality Management at DMH central office.

These planned position reductions, the latest since the economic conditions began to worsen a year ago, posed a real dilemma to DMH. As you may be aware DMH budgets are the most vulnerable to state General Fund reductions. More than 83% of our expenditures are through Medicaid via Global Commitment, which is now at a higher match rate due to the stimulus funding by the federal government. Thus when a dollar of state funds are reduced to DMH that impact can happen in 2 ways. One option is to look to decreasing expenditures at VSH, where we are using only general fund dollars and a reduction is dollar for dollar. At the Central office level, where DMH expends nearly \$130 million dollars, the state dollar is used to match upwards with the federal contribution. This allows us to extend the state fund by about 3.1 times above what would be available. However, when there are reductions of state dollars the opposite becomes true--every state fund dollar reduced equals about \$3.10 cents of our Global Commitment funds.

In the current RIF target, the department's share of the reduction was about \$192,000 in state funds or over \$640,000 if taken from our Global Commitment funds. As the DMH

reductions needed to be taken in personnel costs this equated to four to five positions at VSH or ten to twelve positions in our Central Office. Up through this time DMH has made every effort to minimize impact of reductions on staffed positions.

However, we have no Central Office vacancies and only clinical care vacancies at the hospital. After thoughtful review and consideration of impact on persons served at the hospital and in the community the decision was made to close the canteen and eliminate two Central Office positions in order to maintain direct clinical services and supports at VSH and in the community. Ongoing, we will need to discuss how our system of care will cope with decreased funding, increasing demand, and concurrently maintaining our commitment to improving the quality and outcomes of the care we do provide.

### **NAMI-VT Seeking New Executive Director**

The National Alliance on Mental Illness in Vermont is seeking qualified applicants for the position of Executive Director, to lead NAMI-VT in providing support, education and advocacy for residents affected by mental illness, and their family members. This person will develop strategies to promote growth in membership and funding; coordinate public outreach and state advocacy efforts; and act as primary liaison in communications with key stakeholders.

For full job description, job application form and directions for applicants, go to [www.namivt.org](http://www.namivt.org). Please respond by email using downloadable application form.

**Deadline for applying, October 24, 2009.**

## ***ADULT MENTAL HEALTH & FUTURES***

### **Memorandum of Understanding (MOU), Created Between Two VISI Agencies**

Washington County Mental Health Services and Central Vermont Substance Abuse Services, two VISI participating agencies, came together on October 14th to celebrate and learn about the Memorandum of Understanding that they've created in order to work cooperatively to insure the provision of coordinated professional services for individuals with mental health and substance abuse conditions. The broad purposes of this agreement are:

- To ensure the provision of clinically appropriate treatment and/or counseling services to people seeking services at Washington County Mental Health Services and Central Vermont Substance Abuse Services.
- To enhance and acknowledge the communication between the two agencies.
- To strengthen the outreach capabilities of the two agencies to provide education and information services to people, people who may seek services, and the community at large.

This furthers the ongoing collaborative and communicative relationship--Washington County Mental Health and Central Vermont Substance Abuse Services.

### **Peer Retreat For VISI Peer Services Agencies**

On October 9th, 15 people representing 9 peer support and advocacy agencies came together for an all day retreat. The purpose of this retreat was to:

- Review what the peers have contributed and can contribute as part of VISI.
- Understand what each organization is doing, particularly best practices that everyone can all learn from.
- Build new connections so peers can work together and support each other better.
- Develop shared goals about: how the community of peers can collaborate in more meaningful ways, as well as support and sustain each other in the future, and how attendees would like to see the state of Vermont continue to address co-occurring issues, beyond the life of the VISI funding.
- Enjoy conversations that people don't normally have time for, such as the issues of peers being paid or becoming professionals.

People left with some positive collaboration experiences, a better understanding of other statewide agencies and some possible action steps.

### **VISI Forum**

The VISI Forum is scheduled for October 30th from 9:30 until 12:30 in the Chapel Conference Room at Vermont College, Montpelier. We'll be discussing change activities and process, as well as celebrating some successes out in the field. If you're interested in attending, please contact Patty Breneman at (802) 652-2033 or [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us)

### **Dialectical Behavior Therapy (DBT) Training**

On November 2nd & 3rd, Vermont Integrated Services Initiative in collaboration with Washington County Mental Health Services will host training on Dialectical Behavior Therapy for Substance Use Disorders with Linda Dimeff, Ph.D. and Anthony Dubose, Psy.D. For more information and to register, please view the training flyer at:  
[http://mentalhealth.vermont.gov/sites/dmh/files/training/DMH-DBT\\_Training\\_Nov\\_2009.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/training/DMH-DBT_Training_Nov_2009.pdf) and remit to Patty Breneman at [pbrenem@vdh.state.vt.us](mailto:pbrenem@vdh.state.vt.us) or fax (802) 652-2005.

### **Futures Care Management Bed Board Work Group**

The next meeting of the Bed Board Work group is Thursday, October 29<sup>th</sup> from 1-3 pm. The group has been charged with developing a web based bed finding solution for the facilitation of patient flow of admissions and discharges through the system of care. To date, the group has generated a list of requirements that the bed board application should contain, as well as generating ideas about the issues of governance over the application.

The state of Minnesota has developed a web based application that has been used to good effect in that state and additionally has been adopted by the state of Massachusetts. The Minnesota application is hosted by the Minnesota Hospital Association and the Bed

Board Work group will have a demonstration of the application courtesy of the MN Hospital Association at the next meeting.

### **Futures Secure Residential Recovery (SRR) Design Development Work Group Holds 7<sup>th</sup> Meeting**

The Architectural Design Development work group for the Secure Recovery Residence met on October 13. Architecture+, BGS architectural consultants, presented a schematic lay out of the building on its proposed site and an updated floor plan detailing the most recent alterations in building lay-out. Content of the meeting included discussion of the relevant building code criteria for a locked facility. Among these criteria were standards for types of building materials, width of corridors, sprinkler and fire alarm systems, and specific policies and required staff training pertaining to egress from the building in emergency situations. The assumption is that hospital building codes require the highest standards to ensure patient safety. Although the SRR will not be a hospital facility, it will be locked, and will, accordingly, be built to conform with relevant hospital code standards.

The remainder of the meeting was devoted to examination of updated floor plans reflecting suggestions made at the previous meeting, and in further exploring the impact on staff capacity to monitor residents in the court yard from various locations, given changes in building elevation and in configuration of the interior court yard.

The next architectural design development meeting is scheduled for November 5 and will address the issues of site elevation in greater detail and present drawings of the interior and exterior space. The group will also discuss the impact of patient safety and security issues on the design of mechanical and electrical engineering systems.

### **CRT Eligibility for Schizophrenia**

Commissioner Hartman released his recommendation to the Designated Agency CRT Program Directors this week, encouraging the provisional enrollment of individuals diagnosed with schizophrenia who had not met the disability criteria for services of the Community Rehabilitation and Treatment (CRT) programs. It is increasingly clear in the research literature that better outcomes and disability can be averted by providing effective interventions earlier in the course of this mental illness. The Commissioner's complete memorandum is available at the following link

[http://mentalhealth.vermont.gov/sites/dmh/files/policies/DMH\\_CRT\\_Eligibility\\_Schizophrenia\\_Memo.pdf](http://mentalhealth.vermont.gov/sites/dmh/files/policies/DMH_CRT_Eligibility_Schizophrenia_Memo.pdf)

## ***CHILDREN'S MENTAL HEALTH***

### **7<sup>th</sup> Annual Collaboration Conference on Children, Youth, & Families**

On Friday, October 16, over 300 participants gathered at Killington for the 7th and final Collaboration Conference. From its inception, the conference has always been a well-attended and appreciated event. In a small state with limited resources, collaboration among neighbors in a community and among service providers has a long history and an impressive number of accomplishments to its credit, especially in the world of children's mental health. Although Vermonters generally know how to collaborate to achieve a

goal, the Collaboration Conference each year has aimed at improving everyone's basic skill sets and at sharing the latest and most effective models. These two strategies flowed naturally from the underlying spirit of the conferences which was engendered by the wraparound philosophy of building on the strengths of all the players on a team.

This year's conference with 30 workshops was a grand way to wrap up. As customary, the presenters were selected by the conference's volunteer organizing committee. All the workshop presenters were Vermonters who volunteered their time and expertise for the conference. Sample topics included how to work together in challenging times, mobilizing communities through the power of assets, Vermont veterans and the family outreach team, youth intervention with indigenous populations, educational outcomes and stability for children in the custody of the state, the healing properties of the mind and of the arts, and the involvement of youth transitioning to adult life in planning a more effective system of care through regional planning efforts.

A highlight of the day was the announcement of the 2009 John D. Burchard Spirit of Collaboration Award to Don Mandelkorn, AHS Field Service Director in the Barre District. In his many years of service in the former Department of Social and Rehabilitation Services (SRS) and in his current AHS position, Don's approach to the many complicated issues surrounding Vermont's youth and their families was always straight forward: what steps shall we take to provide Vermont's children safety and the services and supports they need. Whether those steps were routine or required high levels of interagency collaboration and creativity, Don took them and involved others in the process. Gary De Carolis was also nominated for the award. Gary was a leader in Vermont and nationally during the early days of wraparound, family engagement, and building the system both before and since Act 264 which he helped to write. He is the founder and current Executive Director of the Community Leadership Institute, a national consulting agency located in Burlington.

### **Results of Regional Planning Showcased**

If you weren't among the 23 people there, you definitely missed out! The 7<sup>th</sup> Annual Collaboration Conference workshop about "Regional Planning for Vermont's Youth in Transition (YIT) Grant," inspired those of us lucky enough to see and hear the presentation by Springfield and Bennington representatives, aided by State-level Young Adult Coordinators Courtney Bridges and Vanessa Lang.

Sue Buckley, the planning consultant for Springfield, spoke about the challenges of moving a group of people from cooperation, through coordination, on to collaboration. Staff turnover, time, and increased clarity about reduced possibilities caused the original group of 17 to shrink to 6 despite the community's general enthusiasm for hearing and responding to the opinions of 82 young adults. Though the YIT plan could, in the end, accommodate only a fraction of the ideas suggested, Lynne Boyle, AHS Field Services Director, assured us that the community will follow through on some of the other ideas through future opportunities.

The undisputed highlight of the workshop was the presentation by Katrina Hollis and Crystal Careau, two single parents who with others - through the Sunrise Parent Child Center programs and Summer Youth Employment funds - have been working on/for the

Bennington Youth in Transition Committee since May. Katrina and Crystal shared their research findings from surveys of over 100 young adults in the region followed by focus groups, and from comparing statistics about incidence of drug use and other data for Bennington vs. other communities. They also shared the impact of this project on their lives, best summed up in the poster they made: “If three girls could go from being NO ONE, to being SOMEONE in three months, IMAGINE what could happen over several years....” Crystal spoke movingly of young people who feel no one wants them at home or in the community or to even hear their opinions, and how this grant feels like it is for her. “People now quiet down to hear us!” Listening to youth and giving them the microphone helps show youth what they can be. Katrina attributes her new motivation to complete high school and enroll in college to “this YIT planning committee...working with ‘head honchos.’” Two of those “head honchos” are Lorna Mattern, the Children’s Mental Health Director for United Counseling Services, and Robin Stromgren, planning consultant for YIT in Bennington. Both are awed by these young adults. Robin claims, “I have gained more from them than they have from me,” and Lorna says, “When YIT is on my calendar, it’s a good day.”

Thanks to Don Mandelkorn, winner of the 2009 John Burchard Collaboration Award, for suggesting that this workshop be prepared and presented.

## **VERMONT STATE HOSPITAL**

### **Leadership Course**

The following VSH staff successfully completed the Leadership course for the Vera Hanks School of Psychiatric Technology: Laura Lee Smith, Teri Galfetti, Cecile Manley, Dan Carver, Shane LaFlower, Patrick Richard, Eric Washburn, Danny Kenny, John Hamacher, Monica Tonne and Keri Quinlan.

The course, taught by Leah Matteson, focused on basic principles of supervision and leadership of peers. Critical thinking and the role of the leader as an organizer, delegator, role model, mentor and preceptor were stressed.

The class finished the course by doing a poster presentation on a leader whom they found interesting or inspirational. Examples were selected from a wide range of sources, including politics, the military, academia, and Formula One Racing.

## **VERMONT STATE HOSPITAL CENSUS**

The Vermont State Hospital Census was 52 as of midnight Monday. The average census for the past 45 days was 50.2